

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET  
NO.  
**2345/110**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **"METHOD FOR TRANSMITTING OVERHEAD INFORMATION FOR WAVELENGTH DIVISION MULTIPLEX NETWORKS FOR FIBRE-OPTIC INFORMATION TRANSMISSION"**, the specification of which was filed on 11 May 1998 as International Application No. PCT/EP98/02737.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**PRIOR FOREIGN APPLICATION(S)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
<b>GERMANY</b>	<b>197 30 294.7</b>	<b>15 July 1997</b>		<b>YES</b>

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

**Richard L. Mayer (Reg. No. 22,490)**

**Erik R. Swanson (Reg. No. 40,833)**

**SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:**

**Richard L. Mayer  
KENYON & KENYON  
One Broadway  
New York, New York 10004  
(212) 425-7200 (phone)  
(212) 425-5288 (facsimile)**


I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

1-00

FULL NAME OF INVENTOR	FAMILY NAME <b>ZEFFLER</b>	FIRST GIVEN NAME <b>Klaus-Peter</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Randweg 44</b>	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature <i>X Klaus Peter Zeffler</i>		Date <i>4<sup>th</sup> December 1999</i>	
FULL NAME OF INVENTOR	FAMILY NAME <b>DASSOW</b>	FIRST GIVEN NAME <b>Heiko</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Gartenstrasse 4</b>	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature		Date	

2-00

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>ZEFFLER</b>	FIRST GIVEN NAME <b>Klaus-Peter</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Randweg 44</b>	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <b>DASSOW</b>	FIRST GIVEN NAME <b>Heiko</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Gartenstrasse 4</b>	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature 		Date <b>15. October 1999</b>	

797003 US

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	
<b>DECLARATION AND POWER OF ATTORNEY</b>	ATTORNEY'S DOCKET NO. <b>2345/110</b>

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled "**METHOD FOR TRANSMITTING OVERHEAD INFORMATION FOR WAVELENGTH DIVISION MULTIPLEX NETWORKS FOR FIBRE-OPTIC INFORMATION TRANSMISSION**", the specification of which was filed on 11 May 1998 as International Application No. PCT/EP98/02737.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
GERMANY	197 30 294.7	15 July 1997		YES

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

**Richard L. Mayer (Reg. No. 22,490)**

**Erik R. Swanson (Reg. No. 40,833)**

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:


**Richard L. Mayer**  
**KENYON & KENYON**  
**One Broadway**  
**New York, New York 10004**  
**(212) 425-7200 (phone)**  
**(212) 425-5288 (facsimile)**

EL2344223545

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>ZEFFLER</b>	FIRST GIVEN NAME <b>Klaus-Peter</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Randweg 44</b>	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature <i>X Klaus Peter Zeffler</i>		Date <i>4<sup>th</sup> December 1999</i>	
FULL NAME OF INVENTOR	FAMILY NAME <b>DASSOW</b>	FIRST GIVEN NAME <b>Heiko</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Gartenstrasse 4</b>	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature		Date	

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>ZEFFLER</b>	FIRST GIVEN NAME <b>Klaus-Peter</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Randweg 44</b>	CITY <b>D-64296 Darmstadt</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <b>DASSOW</b>	FIRST GIVEN NAME <b>Heiko</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Gartenstrasse 4</b>	CITY <b>D-64347 Griesheim</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
Signature 		Date <b>15. October 1999</b>	